

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P 93000050317  
1. Corporation Name  
Bonnie Towing & Recovery Inc

Principal Place of Business Mailing Address  
2919 E. Commercial Blvd Ste A  
Ft. Lauderdale, FL 33308



21	2. Principal Place of Business 171 A N.W. 4 <sup>th</sup> St Suites, Apt. #, etc.	26	2a. Mailing Address 2919 E. Commercial Blvd Suite, Apt. #, etc.
22	City & State Boca Raton FL	27	City & State Ft. Lauderdale FL
24	Zip 33432	29	Zip 33308

3.	Date Incorporated or Qualified 7-13-93	3a.	Date of Last Report 4-16-97
4.	FBI Number 65-0429852	Applied For <input type="checkbox"/> Not Applicable	
5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Allen H. KATZ PA 2919 E. Commercial Blvd Ste A Ft. Lauderdale, FL 33308				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P/S	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Linda Bonnie			1.2 NAME			
STREET ADDRESS	171 A NE 4 STREET			1.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33432			1.4 CITY-ST-ZIP			
TITLE	VPT	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	James R. Bonnie			2.2 NAME			
STREET ADDRESS	171 A NE 4 ST			2.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33432			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	800002492108	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME	-04/17/98-01046-020		
STREET ADDRESS				5.3 STREET ADDRESS	***150.00		
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address